

# THE BUSHIDO SCHOOL OF KARATE

## Registration and Waiver for Special Events

Guest's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How is your (the guest's) health?: (Please use NOTES below if necessary) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address, if different : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Bushido Karate student's name: \_\_\_\_\_

*Are there any conditions or circumstances that you feel our instructors or staff should be made aware of, or*

*are there any special considerations you would like to discuss, before your class begins today?* \_\_\_\_\_

( Please use NOTES below for explanation )

NOTES

### WAIVER

**Student, or students parent or guardian, acknowledges that participation in the martial arts and/or in Bushido's classes and instruction involve an inherent risk of injury. Student, or student's parent or guardian, discharges and agrees to hold Bushido harmless of and from any and all claims whatsoever arising out of such injuries.**

X \_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

OFFICE USE ONLY

Health: \_\_\_\_\_

If you have downloaded this form please be sure to have it completed, signed and sent with your child on the date of the special event. Failure to return the completed form will result in non-participation by your child.